

# Consumer Council News

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## Score Card

At [www.results.gov](http://www.results.gov) you can find the Presidents Score-Card for the various federal agencies. It reflects the President's expectations, goals and policies. The latest Score Card report shows VA is moving ahead in meeting all five initiatives of the president's agenda: strategic management of human capital, competitive sourcing, improving financial performance, expanding e-government and budget and performance integration. The progress report is done by OMB.

Newsletter sponsored by  
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## CARES Commission

Secretary Principi has appointed 14 members to an independent CARES (Capital Asset Realignment for Enhanced Service) Commission. The commission will be a critical force in assessing proposed CARES initiatives from the VISNs that address the future health care needs of veterans. The commission held its first public meeting February 19-20 and will hold public hearings both in Washington and across the country. The commission is expected to present its findings and recommendations to the Secretary in the fall of 2003. The commission will receive recommendations prepared by VA's undersecretary for health, and will consider comments from veterans service organizations, individual veterans, Con-

gress, health care service providers and related affiliates, VA employees, local government entities, community groups and others.

Dr. Richard McCormick is one of the members of the Commission and he served as co-chair of the Under Secretary of Health's Committee on the Care of Veterans with Serious Mental Illness (SMI). He is very familiar with the needs of veterans with mental illness and worked previously as the director of the Mental Health Care Line for the VA Health Care System of Ohio. Recommendations from the VISNs for their planning initiatives are due by the VISNs in April and then will be reviewed and forwarded to the Commission



## Independent Budget 2004

The Independent Budget done by the several Veteran Service Organizations and endorsed by many community organizations who are advocates for veterans has made the following recommendations for Mental Health:

- \* Congress should incrementally augment funding for specialized treatment for veterans who have mental illness, PTSD, or substance use disorder by \$500 million each year from FY 2004 through FY 2008.
- \* VHA should invest resources in programs to develop a continuum of care that includes intensive case management, psychosocial rehabilitation, peer support and other support services for veterans.

- \* VHA must defer implementation of CARES until it validates a planning model for inpatient and outpatient mental health care.
- \* VA, in reporting to Congress annually on maintenance of program capacity, must provide data on dollars spent for care, as adjusted for inflation since 1996, to ensure accurate reporting that documents its failure to maintain mental health programming.
- \* VHA should partner with mental health advocacy organizations such as the National Mental Health Association, National Alliance for the Mentally Ill, and veterans service organizations to provide support services.

## VHA New Strategic Plan

Dr. Roswell, Under Secretary for Health, has developed a comprehensive statement of strategic direction which takes into account the unprecedented challenges brought about by dramatic growth in patient demand and the need to operate more effectively.

The Veterans Health Administration Objectives are:

- ⇒ Maximize the independent functioning of veterans in the least restrictive setting.
- ⇒ Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning.
- ⇒ Optimize the use of health care information and technology for the benefit of the veteran.
- ⇒ Increase provider and veterans' knowledge of the impact of military service on health
- ⇒ Continuously improve the quality and safety of health care for veterans to be the benchmark for health care outcomes.

- ⇒ Improve patients' satisfaction with their VA health care.
- ⇒ Improve access, convenience, and timeliness of VA health care services.
- ⇒ Create a health care environment characterized by patient-centered services where individual health care decisions are made on the basis of current medical knowledge, consistent with patients' informed preferences and needs.
- ⇒ Prepare to respond to disasters and national emergencies
- ⇒ Conduct medical research that leads to demonstrable improvement in veterans' health
- ⇒ Promote excellence and innovation in the education of future health care professionals.

Dr. Roswell's vision for the future will be sent out to all VA employees and stakeholders so that it can be a guide to help the VHA to improve services and rise to the challenges ahead.

## VHA National Depression Registry

The Serious Mental Illness Treatment and Research Center in the VA has developed a Depression Registry which will help us identify the veterans with depression. In 2001 more than 4.2 million people were treated in VA health care facilities. 11.4% (476,716) of these patients were diagnosed with depression and received treatment in a VA health care facility.

According to the Veterans Health Study, the overall prevalence of outpatient screening diagnoses of depressive disorders in the veteran population was 31%. This is two to five times higher than in the general US population depending upon the age group and locale of diagnosis.

The goal of the Registry is to establish and examine trends in data over time and across VISNs and stations to gain a deeper understanding of the veteran

population with depression and be able to provide proper and efficient interventions. The Veterans Health Administration (VHA) has about 1,300 care facilities, including 163 hospitals, 850 ambulatory care and community-based outpatient clinics, 206 counseling centers, 137 nursing homes and 43 domiciliary facilities.

There is a tremendous need for further insight into depressive disorders within the veteran population because these disorders are associated with significantly increased medical costs, functional impairment, and mortality. In 2001, VHA provided medical and psychiatric care for 305,884 patients with depression, at a cost of \$3,537,462,483.

The veteran population has unique characteristics that make the Depression Registry important for future care.

## Information and Resources

NMHA Annual Conference  
June 4-7, 2003  
Washington, DC  
[www.nmha.org/703-684-7722](http://www.nmha.org/703-684-7722)

NAMI Annual Conference  
June 28-July 1, 2003  
[www.nami.org](http://www.nami.org)

Depression BiPolar Support Alliance (DBSA) Annual Conference  
Long Beach, CA  
August 15-17, 2003  
[www.dbsa.org](http://www.dbsa.org)